

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CIGNA Corporation Political Action Committee

ADDRESS (number and street)

Two Liberty Place

1601 Chestnut St-TL16B

☐Check if different  
than previously  
reported. (ACC)

Philadelphia

PA

19192

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00085316

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas McCarthy

Signature of Treasurer

Electronically Filed by Thomas McCarthy

Date

12

01

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CIGNA Corporation Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		12499.05
(b) Cash on Hand at Beginning of Reporting Period .....	12369.93	
(c) Total Receipts (from Line 19) .....	24531.01	194113.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	36900.94	206612.94
7. Total Disbursements (from Line 31) .....	21000.00	190712.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15900.94	15900.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CIGNA Corporation Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16709.05	83871.63
(i) Itemized (use Schedule A) .....	7821.96	107946.26
(ii) Unitemized .....	24531.01	191817.89
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	24531.01	191817.89
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2296.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24531.01	194113.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24531.01	194113.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	139000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	602.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	602.00
29. Other Disbursements.....	5500.00	51110.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21000.00	190712.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	190712.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24531.01	191817.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	602.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24531.01	191215.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael B. Alexander

Mailing Address 252 North Main Street

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBH Provider Oversight

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-67354-15-41

Amount of Each Receipt this Period

26.93

**B.**

Full Name (Last, First, Middle Initial)

Michael B. Alexander

Mailing Address 252 North Main Street

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBH Provider Oversight

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-16065-11-57

Amount of Each Receipt this Period

26.93

**C.**

Full Name (Last, First, Middle Initial)

Michael B. Alexander

Mailing Address 252 North Main Street

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CBH Provider Oversight

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-16033-16-48

Amount of Each Receipt this Period

26.93

SUBTOTAL of Receipts This Page (optional) .....

80.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rebecca Allison

Mailing Address 10636 N 11th St

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Cardiologist (Invasive)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-58252-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Rebecca Allison

Mailing Address 10636 N 11th St

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Cardiologist (Invasive)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-6995-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca Allison

Mailing Address 10636 N 11th St

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Cardiologist (Invasive)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-6976-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ann H. Asbaty

Mailing Address 3 Huntington Dr

City

Randolph

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51644-15-41

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Ann H. Asbaty

Mailing Address 3 Huntington Dr

City

Randolph

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-393-11-57

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Ann H. Asbaty

Mailing Address 3 Huntington Dr

City

Randolph

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-394-16-48

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

57.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jacquelyn A. Aube

Mailing Address 166 Wildflower Cir

City

Westfield

State

MA

Zip Code

01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53400-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jacquelyn A. Aube

Mailing Address 166 Wildflower Cir

City

Westfield

State

MA

Zip Code

01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2146-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jacquelyn A. Aube

Mailing Address 166 Wildflower Cir

City

Westfield

State

MA

Zip Code

01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2145-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Austin

Mailing Address 394 W Remington Dr

City

State

Zip Code

Chandler

AZ

85248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1182.04

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-58371-15-41

Amount of Each Receipt this Period

50.86

**B.**

Full Name (Last, First, Middle Initial)

James Austin

Mailing Address 394 W Remington Dr

City

State

Zip Code

Chandler

AZ

85248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1182.04

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7114-11-57

Amount of Each Receipt this Period

50.86

**C.**

Full Name (Last, First, Middle Initial)

James Austin

Mailing Address 394 W Remington Dr

City

State

Zip Code

Chandler

AZ

85248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1182.04

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7095-16-48

Amount of Each Receipt this Period

50.86

**SUBTOTAL** of Receipts This Page (optional) .....

152.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas C. Banet

Mailing Address 10558 Fox Forest Dr

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56483-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas C. Banet

Mailing Address 10558 Fox Forest Dr

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5226-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas C. Banet

Mailing Address 10558 Fox Forest Dr

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5219-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

W. Barksdale

Mailing Address 2632 Lovejoy Cir

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Contracting and Netwo-  
rk De

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-67453-15-41

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

W. Barksdale

Mailing Address 2632 Lovejoy Cir

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Contracting and Netwo-  
rk De

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-16163-11-57

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

W. Barksdale

Mailing Address 2632 Lovejoy Cir

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Contracting and Netwo-  
rk De

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-16131-16-48

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rosemary B. Bartley

Mailing Address Po Box 9153

City

North Saint Paul

State

MN

Zip Code

55109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

Business Project Senior Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-59054-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Rosemary B. Bartley

Mailing Address Po Box 9153

City

North Saint Paul

State

MN

Zip Code

55109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

Business Project Senior Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-7797-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Rosemary B. Bartley

Mailing Address Po Box 9153

City

North Saint Paul

State

MN

Zip Code

55109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

Business Project Senior Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-7776-16-48

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

45.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Bell

Mailing Address 2126 Inverness Ln

City

Berwyn

State

PA

Zip Code

19312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Executive Vice President Chief Financi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-56876-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Bell

Mailing Address 2126 Inverness Ln

City

Berwyn

State

PA

Zip Code

19312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Executive Vice President Chief Financi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-5618-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Bell

Mailing Address 2126 Inverness Ln

City

Berwyn

State

PA

Zip Code

19312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Executive Vice President Chief Financi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-5609-16-48

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Bellamy

Mailing Address 7260 Wissahickon Avenue

City

Philadelphia

State

PA

Zip Code

19119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIN Corp Development

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55170-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Bellamy

Mailing Address 7260 Wissahickon Avenue

City

Philadelphia

State

PA

Zip Code

19119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIN Corp Development

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3917-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Bellamy

Mailing Address 7260 Wissahickon Avenue

City

Philadelphia

State

PA

Zip Code

19119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIN Corp Development

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3914-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John M. Belsen

Mailing Address 10 Brookview Cir

City

Windsor Locks

State

CT

Zip Code

06096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Treasury Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53253-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

John M. Belsen

Mailing Address 10 Brookview Cir

City

Windsor Locks

State

CT

Zip Code

06096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Treasury Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1999-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

John M. Belsen

Mailing Address 10 Brookview Cir

City

Windsor Locks

State

CT

Zip Code

06096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Treasury Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1998-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jodi M. Berry

Mailing Address 179 McIntosh Circle

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-60335-15-41

Amount of Each Receipt this Period

3.09

**B.**

Full Name (Last, First, Middle Initial)

Jodi M. Berry

Mailing Address 179 McIntosh Circle

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-9077-11-57

Amount of Each Receipt this Period

3.09

**C.**

Full Name (Last, First, Middle Initial)

Jodi M. Berry

Mailing Address 179 McIntosh Circle

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9055-16-48

Amount of Each Receipt this Period

21.23

**SUBTOTAL** of Receipts This Page (optional) .....

27.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gail M. Billet

Mailing Address 55 Terry Road

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53657-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Gail M. Billet

Mailing Address 55 Terry Road

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2403-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Gail M. Billet

Mailing Address 55 Terry Road

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2402-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kim Bimestefer

Mailing Address 11 Colts Run Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62509-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Kim Bimestefer

Mailing Address 11 Colts Run Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11242-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kim Bimestefer

Mailing Address 11 Colts Run Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11218-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Patricia A. Blaney

Mailing Address 6515 Regatta Ln

City

Charlotte

State

NC

Zip Code

28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Service Senior Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-55648-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia A. Blaney

Mailing Address 6515 Regatta Ln

City

Charlotte

State

NC

Zip Code

28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Service Senior Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-4394-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia A. Blaney

Mailing Address 6515 Regatta Ln

City

Charlotte

State

NC

Zip Code

28227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Service Senior Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-4390-16-48

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ellen C. Bonner

Mailing Address 1403 Greenwood Avenue

City

Nashville

State

TN

Zip Code

37206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&PA Technology & Business  
Law

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-70150-15-41

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ellen C. Bonner

Mailing Address 1403 Greenwood Avenue

City

Nashville

State

TN

Zip Code

37206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&PA Technology & Business  
Law

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-18842-11-57

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Ellen C. Bonner

Mailing Address 1403 Greenwood Avenue

City

Nashville

State

TN

Zip Code

37206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&PA Technology & Business  
Law

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-18791-16-48

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul B. Borgesen

Mailing Address 7022 W Kimberly Way

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Otolaryngologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59224-15-41

Amount of Each Receipt this Period

22.04

**B.**

Full Name (Last, First, Middle Initial)

Paul B. Borgesen

Mailing Address 7022 W Kimberly Way

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Otolaryngologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7967-11-57

Amount of Each Receipt this Period

22.04

**C.**

Full Name (Last, First, Middle Initial)

Paul B. Borgesen

Mailing Address 7022 W Kimberly Way

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Otolaryngologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7946-16-48

Amount of Each Receipt this Period

22.04

**SUBTOTAL** of Receipts This Page (optional) .....

66.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan J. Bousquet

Mailing Address 3390 Johnston Rd

City

Winston

State

GA

Zip Code

30187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2455-16-48

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth T. Bowden

Mailing Address 65 Satari Dr

City

Coventry

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53652-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth T. Bowden

Mailing Address 65 Satari Dr

City

Coventry

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2398-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

29.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth T. Bowden

Mailing Address 65 Satari Dr

City

Coventry

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2397-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Brett C. Browchuk

Mailing Address 385 Deercliff Road

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Corporation

Occupation

Svp Service Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2087.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-70057-15-41

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Brett C. Browchuk

Mailing Address 385 Deercliff Road

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Corporation

Occupation

Svp Service Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2087.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-18749-11-57

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brett C. Browchuk

Mailing Address 385 Deercliff Road

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Corporation

Occupation

Svp Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2087.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-18699-16-48

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Brown

Mailing Address 405 W Kings Ave

City

Phoenix

State

AZ

Zip Code

85023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59214-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Brown

Mailing Address 405 W Kings Ave

City

Phoenix

State

AZ

Zip Code

85023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7957-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Patricia Brown

Mailing Address 405 W Kings Ave

City

Phoenix

State

AZ

Zip Code

85023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7936-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Zigmund R. Brzezinski

Mailing Address 15 Olden Dr

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54606-15-41

Amount of Each Receipt this Period

14.96

**C.**

Full Name (Last, First, Middle Initial)

Zigmund R. Brzezinski

Mailing Address 15 Olden Dr

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3351-11-57

Amount of Each Receipt this Period

14.96

**SUBTOTAL** of Receipts This Page (optional) .....

39.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Zigmund R. Brzezinski

Mailing Address 15 Olden Dr

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3347-16-48

Amount of Each Receipt this Period

14.96

**B.**

Full Name (Last, First, Middle Initial)

M. Buckley

Mailing Address 3651 N Leavitt St

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56968-15-41

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

M. Buckley

Mailing Address 3651 N Leavitt St

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5710-11-57

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

34.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

M. Buckley

Mailing Address 3651 N Leavitt St

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.04

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5698-16-48

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

Timothy D. Buckley

Mailing Address 611 Shipton Lane

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Internation

Occupation

Vice President Bfo International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-69582-15-41

Amount of Each Receipt this Period

29.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy D. Buckley

Mailing Address 611 Shipton Lane

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Internation

Occupation

Vice President Bfo International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-18277-11-57

Amount of Each Receipt this Period

29.00

**SUBTOTAL** of Receipts This Page (optional) .....

67.62

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy D. Buckley

Mailing Address 611 Shipton Lane

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Internation

Occupation

Vice President Bfo International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-18231-16-48

Amount of Each Receipt this Period

29.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Burdek

Mailing Address 240 Sand Key Estates Dr Apt 78

City

Clearwater

State

FL

Zip Code

33767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-5200-16-48

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis F. Cain

Mailing Address 216 Lorraine Ave

City

Oreland

State

PA

Zip Code

19075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Compliance Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-3014-16-48

Amount of Each Receipt this Period

9.01

SUBTOTAL of Receipts This Page (optional) .....

47.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory Cain

Mailing Address 3802 Highland Dr

City

Boothwyn

State

PA

Zip Code

19061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.15

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62140-15-41

Amount of Each Receipt this Period

11.05

**B.**

Full Name (Last, First, Middle Initial)

Gregory Cain

Mailing Address 3802 Highland Dr

City

Boothwyn

State

PA

Zip Code

19061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.15

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-10875-11-57

Amount of Each Receipt this Period

11.05

**C.**

Full Name (Last, First, Middle Initial)

Gregory Cain

Mailing Address 3802 Highland Dr

City

Boothwyn

State

PA

Zip Code

19061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.15

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-10851-16-48

Amount of Each Receipt this Period

11.05

**SUBTOTAL** of Receipts This Page (optional) .....

33.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rudolph C. Cane

Mailing Address 4619 E White Aster St

City

Phoenix

State

AZ

Zip Code

85044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55176-15-41

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Rudolph C. Cane

Mailing Address 4619 E White Aster St

City

Phoenix

State

AZ

Zip Code

85044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3923-11-57

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Rudolph C. Cane

Mailing Address 4619 E White Aster St

City

Phoenix

State

AZ

Zip Code

85044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3920-16-48

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

57.75

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John S. Cantrell

Mailing Address 6035 Fairway Ave

City

Dallas

State

TX

Zip Code

75227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Corporate Security Senior Spec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-58686-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

John S. Cantrell

Mailing Address 6035 Fairway Ave

City

Dallas

State

TX

Zip Code

75227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Corporate Security Senior Spec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-7429-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

John S. Cantrell

Mailing Address 6035 Fairway Ave

City

Dallas

State

TX

Zip Code

75227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Corporate Security Senior Spec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-7409-16-48

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Carlson

Mailing Address 404 Wild Iris Lane

City

Powder Springs

State

GA

Zip Code

30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Natl Southeast Sales

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-70056-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Carlson

Mailing Address 404 Wild Iris Lane

City

Powder Springs

State

GA

Zip Code

30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Natl Southeast Sales

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-18748-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Carlson

Mailing Address 404 Wild Iris Lane

City

Powder Springs

State

GA

Zip Code

30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Natl Southeast Sales

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-18698-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William C. Carlson

Mailing Address 70 Waterside Lane

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Real Estate Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52121-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William C. Carlson

Mailing Address 70 Waterside Lane

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Real Estate Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-868-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

William C. Carlson

Mailing Address 70 Waterside Lane

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Real Estate Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-870-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth B. Carter

Mailing Address 2160 El Cajonita Dr

City

La Habra Heights

State

CA

Zip Code

90631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-59664-15-41

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

Kenneth B. Carter

Mailing Address 2160 El Cajonita Dr

City

La Habra Heights

State

CA

Zip Code

90631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-8406-11-57

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

Kenneth B. Carter

Mailing Address 2160 El Cajonita Dr

City

La Habra Heights

State

CA

Zip Code

90631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-8385-16-48

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional) .....

28.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles R. Catalano

Mailing Address 28 William Penn Rd

City

Warren

State

NJ

Zip Code

07059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53352-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Charles R. Catalano

Mailing Address 28 William Penn Rd

City

Warren

State

NJ

Zip Code

07059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2098-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Charles R. Catalano

Mailing Address 28 William Penn Rd

City

Warren

State

NJ

Zip Code

07059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2097-16-48

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

W. Cetti

Mailing Address 7650 S Newport Ct

City

Centennial

State

CO

Zip Code

80112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9088-16-48

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

Clement J. Cheng

Mailing Address 517 Wildflower Ln

City

Media

State

PA

Zip Code

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62338-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Clement J. Cheng

Mailing Address 517 Wildflower Ln

City

Media

State

PA

Zip Code

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11071-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

49.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Clement J. Cheng

Mailing Address 517 Wildflower Ln

City State Zip Code

Media PA 19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
Human Resources Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11048-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Percy W. Christian

Mailing Address 55 Trent Dr

City State Zip Code

Windsor CT 06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
Strategic Sourcing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51725-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Percy W. Christian

Mailing Address 55 Trent Dr

City State Zip Code

Windsor CT 06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
Strategic Sourcing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-474-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Percy W. Christian

Mailing Address 55 Trent Dr

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Strategic Sourcing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-475-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Robert F. Clark

Mailing Address 2 Reed Hill Rd

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Coli

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51720-15-41

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Robert F. Clark

Mailing Address 2 Reed Hill Rd

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Coli

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-469-11-57

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert F. Clark

Mailing Address 2 Reed Hill Rd

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Coli

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-470-16-48

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Janice J. Cobb

Mailing Address 2341 Stonesage Rd

City

Soddy Daisy

State

TN

Zip Code

37379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Customer Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57050-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Janice J. Cobb

Mailing Address 2341 Stonesage Rd

City

Soddy Daisy

State

TN

Zip Code

37379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Customer Service Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5792-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Janice J. Cobb

Mailing Address 2341 Stonesage Rd

City

Soddy Daisy

State

TN

Zip Code

37379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Customer Service Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-5779-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stuart J. Cohen

Mailing Address 99 Hummingbird Dr

City

Berlin

State

CT

Zip Code

06037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Learning Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-66374-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Stuart J. Cohen

Mailing Address 99 Hummingbird Dr

City

Berlin

State

CT

Zip Code

06037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Learning Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-15095-11-57

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stuart J. Cohen

Mailing Address 99 Hummingbird Dr

City

Berlin

State

CT

Zip Code

06037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Learning Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-15064-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher M. Coloian

Mailing Address 36 Ruth Circle

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62714-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher M. Coloian

Mailing Address 36 Ruth Circle

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11447-11-57

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David M. Cordani

Mailing Address 32 Lucy Way

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

President & Chief Oper Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51826-15-41

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

David M. Cordani

Mailing Address 32 Lucy Way

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

President & Chief Oper Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-575-11-57

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

David M. Cordani

Mailing Address 32 Lucy Way

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

President & Chief Oper Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-576-16-48

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Henri R. Courmand

Mailing Address 6009 Tiffield Way

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-60331-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Henri R. Courmand

Mailing Address 6009 Tiffield Way

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-9073-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Henri R. Courmand

Mailing Address 6009 Tiffield Way

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-9051-16-48

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher J. Coxon

Mailing Address 47 Leigh Gate Road

City

Glastonbury

State

CT

Zip Code

06033-4174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-63092-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher J. Coxon

Mailing Address 47 Leigh Gate Road

City

Glastonbury

State

CT

Zip Code

06033-4174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11826-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher J. Coxon

Mailing Address 47 Leigh Gate Road

City

Glastonbury

State

CT

Zip Code

06033-4174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11798-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Crain

Mailing Address 7219 Morning Dove Loop E

City

Lakeland

State

FL

Zip Code

33809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.57

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56934-15-41

Amount of Each Receipt this Period

7.40

**B.**

Full Name (Last, First, Middle Initial)

Kimberly Crain

Mailing Address 7219 Morning Dove Loop E

City

Lakeland

State

FL

Zip Code

33809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.57

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5676-11-57

Amount of Each Receipt this Period

7.40

**C.**

Full Name (Last, First, Middle Initial)

Kimberly Crain

Mailing Address 7219 Morning Dove Loop E

City

Lakeland

State

FL

Zip Code

33809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.57

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5665-16-48

Amount of Each Receipt this Period

7.40

**SUBTOTAL** of Receipts This Page (optional) .....

22.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen W. Crawford

Mailing Address 216 B Avenue

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Lifesource

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-69193-15-41

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Stephen W. Crawford

Mailing Address 216 B Avenue

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Lifesource

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-17893-11-57

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Stephen W. Crawford

Mailing Address 216 B Avenue

City

Coronado

State

CA

Zip Code

92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Lifesource

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-17851-16-48

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

57.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew D. Crooks

Mailing Address 323 Turtle Trl

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62331-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew D. Crooks

Mailing Address 323 Turtle Trl

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11064-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew D. Crooks

Mailing Address 323 Turtle Trl

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11041-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald M. Curry

Mailing Address 56 Harvard Ln

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-64657-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Donald M. Curry

Mailing Address 56 Harvard Ln

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-13388-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Donald M. Curry

Mailing Address 56 Harvard Ln

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-13358-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Crossing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
Svp Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-73048-15-41

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Crossing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
Svp Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-21716-11-57

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Crossing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation  
Svp Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-21636-16-48

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

255.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristin Damato

Mailing Address 2610 John Marshall Drive North

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54334-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Kristin Damato

Mailing Address 2610 John Marshall Drive North

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3081-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Kristin Damato

Mailing Address 2610 John Marshall Drive North

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIGNA CORPORATION

Occupation  
Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3076-16-48

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Johannes M. De Jong

Mailing Address 6122 Mccallum St

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51531-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Johannes M. De Jong

Mailing Address 6122 Mccallum St

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-280-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Johannes M. De Jong

Mailing Address 6122 Mccallum St

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-281-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher De Rosa

Mailing Address 7216 E Magdalena Dr

City

Orange

State

CA

Zip Code

92867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53257-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher De Rosa

Mailing Address 7216 E Magdalena Dr

City

Orange

State

CA

Zip Code

92867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2003-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher De Rosa

Mailing Address 7216 E Magdalena Dr

City

Orange

State

CA

Zip Code

92867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2002-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edwin J. Detrick

Mailing Address 17 Swallow Rd

City

Holland

State

PA

Zip Code

18966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54451-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Edwin J. Detrick

Mailing Address 17 Swallow Rd

City

Holland

State

PA

Zip Code

18966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3197-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Edwin J. Detrick

Mailing Address 17 Swallow Rd

City

Holland

State

PA

Zip Code

18966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3193-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keith Dixon

Mailing Address 1715 Morgan Ave S

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

President Health Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-58946-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Keith Dixon

Mailing Address 1715 Morgan Ave S

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

President Health Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-7689-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Dixon

Mailing Address 1715 Morgan Ave S

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

President Health Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-7668-16-48

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeannine Doherty

Mailing Address 1901 E Royal Palm Rd

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.34

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51288-15-41

Amount of Each Receipt this Period

6.25

**B.**

Full Name (Last, First, Middle Initial)

Jeannine Doherty

Mailing Address 1901 E Royal Palm Rd

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.34

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-37-11-57

Amount of Each Receipt this Period

6.25

**C.**

Full Name (Last, First, Middle Initial)

Jeannine Doherty

Mailing Address 1901 E Royal Palm Rd

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.34

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-36-16-48

Amount of Each Receipt this Period

6.25

**SUBTOTAL** of Receipts This Page (optional) .....

18.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott E. Doyle

Mailing Address 302 Highland Valley Ct.

City

Wylie

State

TX

Zip Code

75098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Fraud Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-64497-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Scott E. Doyle

Mailing Address 302 Highland Valley Ct.

City

Wylie

State

TX

Zip Code

75098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Fraud Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-13228-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Scott E. Doyle

Mailing Address 302 Highland Valley Ct.

City

Wylie

State

TX

Zip Code

75098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Fraud Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-13198-16-48

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward L. Du Brow

Mailing Address 38 W Hayward Ave

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Internal Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52886-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Edward L. Du Brow

Mailing Address 38 W Hayward Ave

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Internal Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1634-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Edward L. Du Brow

Mailing Address 38 W Hayward Ave

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Internal Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1633-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew M. Dunn

Mailing Address 46 Mountain View Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52181-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew M. Dunn

Mailing Address 46 Mountain View Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-928-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew M. Dunn

Mailing Address 46 Mountain View Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-930-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karen A. Easterly-Behrens

Mailing Address 18332 Meridian Ave N

City

State

Zip Code

Shoreline

WA

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Case Manager Senior Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55204-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Karen A. Easterly-Behrens

Mailing Address 18332 Meridian Ave N

City

State

Zip Code

Shoreline

WA

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Case Manager Senior Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3951-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Karen A. Easterly-Behrens

Mailing Address 18332 Meridian Ave N

City

State

Zip Code

Shoreline

WA

98133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Case Manager Senior Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3948-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daryl W. Edmonds

Mailing Address 9211 Sand Hill St

City

Highlands Ranch

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59295-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Daryl W. Edmonds

Mailing Address 9211 Sand Hill St

City

Highlands Ranch

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-8038-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Daryl W. Edmonds

Mailing Address 9211 Sand Hill St

City

Highlands Ranch

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8017-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John G. Eisele

Mailing Address 17 Hillyer Way

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Real Estate Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57146-15-41

Amount of Each Receipt this Period

11.00

**B.**

Full Name (Last, First, Middle Initial)

John G. Eisele

Mailing Address 17 Hillyer Way

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Real Estate Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5889-11-57

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)

John G. Eisele

Mailing Address 17 Hillyer Way

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Real Estate Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5876-16-48

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional) .....

33.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian Evanko

Mailing Address 920 Grandview Drive

City

Exton

State

PA

Zip Code

19341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2172-16-48

Amount of Each Receipt this Period

8.89

**B.**

Full Name (Last, First, Middle Initial)

Beverly J. Everett

Mailing Address 8228 Academy Rd

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51375-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Beverly J. Everett

Mailing Address 8228 Academy Rd

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-124-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

48.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Beverly J. Everett

Mailing Address 8228 Academy Rd

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-124-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Fair

Mailing Address 1758 Boulevard

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51527-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Fair

Mailing Address 1758 Boulevard

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-276-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Fair

Mailing Address 1758 Boulevard

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-277-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kimberly Feltovic

Mailing Address 905 S. 2nd Street

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHC Sales Effectives Staf-  
fing

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-67517-15-41

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Kimberly Feltovic

Mailing Address 905 S. 2nd Street

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHC Sales Effectives Staf-  
fing

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-16226-11-57

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

58.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Feltovic

Mailing Address 905 S. 2nd Street

City

Philadelphia

State

PA

Zip Code

19147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Sales Effectives Staf-  
fing

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-16193-16-48

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Staci F. Fernandez

Mailing Address 15 Dilaj Dr

City

Columbia

State

CT

Zip Code

06237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Comm Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53586-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Staci F. Fernandez

Mailing Address 15 Dilaj Dr

City

Columbia

State

CT

Zip Code

06237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Comm Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2332-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

59.25

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Staci F. Fernandez

Mailing Address 15 Dilaj Dr

City

Columbia

State

CT

Zip Code

06237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Comm Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-2331-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Karen E. Ferrell

Mailing Address 1005 Chesson Ct

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Contr Provid Netwk Med Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-65666-15-41

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Karen E. Ferrell

Mailing Address 1005 Chesson Ct

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Contr Provid Netwk Med Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-14391-11-57

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karen E. Ferrell

Mailing Address 1005 Chesson Ct

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Contr Provid Netwk Med Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-14361-16-48

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

David Ferriss

Mailing Address 7 Woods Lane

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-61566-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

David Ferriss

Mailing Address 7 Woods Lane

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-10306-11-57

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Ferriss

Mailing Address 7 Woods Lane

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-10282-16-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Scott M. Filiault

Mailing Address 135 Timrod Rd

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-51543-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Scott M. Filiault

Mailing Address 135 Timrod Rd

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-292-11-57

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott M. Filiault

Mailing Address 135 Timrod Rd

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-293-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert C. Flores

Mailing Address 6437 W. Voltaire Dr

City

Glendale

State

AZ

Zip Code

85304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-63181-15-41

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

Robert C. Flores

Mailing Address 6437 W. Voltaire Dr

City

Glendale

State

AZ

Zip Code

85304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11915-11-57

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

39.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert C. Flores

Mailing Address 6437 W. Voltaire Dr

City

Glendale

State

AZ

Zip Code

85304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11886-16-48

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

Richard H. Forde

Mailing Address 5 Brighton Ln

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52340-15-41

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Richard H. Forde

Mailing Address 5 Brighton Ln

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1087-11-57

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

189.62

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard H. Forde

Mailing Address 5 Brighton Ln

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Chief Investment Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-1089-16-48

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Robert S. Fry

Mailing Address 1004 Beech Bay Rd

City

Poplar Grove

State

IL

Zip Code

61065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Director-Sales Mgt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-54846-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert S. Fry

Mailing Address 1004 Beech Bay Rd

City

Poplar Grove

State

IL

Zip Code

61065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Director-Sales Mgt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-3592-11-57

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert S. Fry

Mailing Address 1004 Beech Bay Rd

City

Poplar Grove

State

IL

Zip Code

61065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3589-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Garvey

Mailing Address 31 Lakeshore Dr

City

Rockaway

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53777-15-41

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Thomas Garvey

Mailing Address 31 Lakeshore Dr

City

Rockaway

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2524-11-57

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

58.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Garvey

Mailing Address 31 Lakeshore Dr

City

Rockaway

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2520-16-48

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Steven W. Geltmaker

Mailing Address 4561 E Tierra Buena Ln

City

Phoenix

State

AZ

Zip Code

85032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.91

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5338-11-57

Amount of Each Receipt this Period

9.17

**C.**

Full Name (Last, First, Middle Initial)

Steven W. Geltmaker

Mailing Address 4561 E Tierra Buena Ln

City

Phoenix

State

AZ

Zip Code

85032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.91

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5331-16-48

Amount of Each Receipt this Period

9.17

**SUBTOTAL** of Receipts This Page (optional) .....

37.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David J. Giannoni

Mailing Address 2030 James Farm Rd

City

Stratford

State

CT

Zip Code

06614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56380-15-41

Amount of Each Receipt this Period

6.73

**B.**

Full Name (Last, First, Middle Initial)

David J. Giannoni

Mailing Address 2030 James Farm Rd

City

Stratford

State

CT

Zip Code

06614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5122-11-57

Amount of Each Receipt this Period

70.68

**C.**

Full Name (Last, First, Middle Initial)

David J. Giannoni

Mailing Address 2030 James Farm Rd

City

Stratford

State

CT

Zip Code

06614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5116-16-48

Amount of Each Receipt this Period

54.56

**SUBTOTAL** of Receipts This Page (optional) .....

131.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laurie A. Gondek

Mailing Address 9 Delbon Ln

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52128-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Laurie A. Gondek

Mailing Address 9 Delbon Ln

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-875-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Laurie A. Gondek

Mailing Address 9 Delbon Ln

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-877-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul J. Gontarek

Mailing Address 7442 Devon St

City

Philadelphia

State

PA

Zip Code

19119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54988-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Paul J. Gontarek

Mailing Address 7442 Devon St

City

Philadelphia

State

PA

Zip Code

19119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3735-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Paul J. Gontarek

Mailing Address 7442 Devon St

City

Philadelphia

State

PA

Zip Code

19119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3732-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David A. Gordon

Mailing Address 121 Grandview Dr

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Product Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52592-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

David A. Gordon

Mailing Address 121 Grandview Dr

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Product Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1339-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

David A. Gordon

Mailing Address 121 Grandview Dr

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Marketing Product Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1340-16-48

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donna W. Gore

Mailing Address 12 Scarborough Rd

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51512-15-41

Amount of Each Receipt this Period

10.91

**B.**

Full Name (Last, First, Middle Initial)

Donna W. Gore

Mailing Address 12 Scarborough Rd

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-261-11-57

Amount of Each Receipt this Period

10.91

**C.**

Full Name (Last, First, Middle Initial)

Donna W. Gore

Mailing Address 12 Scarborough Rd

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.30

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-261-16-48

Amount of Each Receipt this Period

10.91

**SUBTOTAL** of Receipts This Page (optional) .....

32.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristen Gorodetzer

Mailing Address 111 Celestino Ct

City

Blackwood

State

NJ

Zip Code

08012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S Talent Optimization

Occupation

Compensation Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-67043-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Kristen Gorodetzer

Mailing Address 111 Celestino Ct

City

Blackwood

State

NJ

Zip Code

08012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S Talent Optimization

Occupation

Compensation Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-15755-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Kristen Gorodetzer

Mailing Address 111 Celestino Ct

City

Blackwood

State

NJ

Zip Code

08012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S Talent Optimization

Occupation

Compensation Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-15724-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark A. Gosselin

Mailing Address 48 Brian Dr

City

Hebron

State

CT

Zip Code

06248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52081-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mark A. Gosselin

Mailing Address 48 Brian Dr

City

Hebron

State

CT

Zip Code

06248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-828-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mark A. Gosselin

Mailing Address 48 Brian Dr

City

Hebron

State

CT

Zip Code

06248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-830-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Gray

Mailing Address 138 Ballard Dr

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Strat and Business Develop Senior Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53669-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Gray

Mailing Address 138 Ballard Dr

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Strat and Business Develop Senior Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2415-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Gray

Mailing Address 138 Ballard Dr

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Strat and Business Develop Senior Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2414-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jared Gross

Mailing Address 28 Liberty Square

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51551-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jared Gross

Mailing Address 28 Liberty Square

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-300-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jared Gross

Mailing Address 28 Liberty Square

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-301-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CGI CGI Executive Staff

Occupation

Vice President Sales and Emerging Mkts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-70363-15-41

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CGI CGI Executive Staff

Occupation

Vice President Sales and Emerging Mkts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-19052-11-57

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CGI CGI Executive Staff

Occupation

Vice President Sales and Emerging Mkts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-19000-16-48

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald E. Habros

Mailing Address 10800 N 101st Way

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57078-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald E. Habros

Mailing Address 10800 N 101st Way

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5820-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald E. Habros

Mailing Address 10800 N 101st Way

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5807-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas R. Hadley

Mailing Address 126 Hopmeadow Street

City

Weatogue

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59671-15-41

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas R. Hadley

Mailing Address 126 Hopmeadow Street

City

Weatogue

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-8413-11-57

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas R. Hadley

Mailing Address 126 Hopmeadow Street

City

Weatogue

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8392-16-48

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Annmarie T. Hagan

Mailing Address 113 Waterwillow Rd

City

West Chester

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Chief Actg Off/Controll

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62497-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Annmarie T. Hagan

Mailing Address 113 Waterwillow Rd

City

West Chester

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Chief Actg Off/Controll

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11231-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Annmarie T. Hagan

Mailing Address 113 Waterwillow Rd

City

West Chester

State

PA

Zip Code

19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Chief Actg Off/Controll

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11207-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael R. Halford

Mailing Address 131 Crown Court

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Claims Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-58027-15-41

Amount of Each Receipt this Period

10.58

**B.**

Full Name (Last, First, Middle Initial)

Michael R. Halford

Mailing Address 131 Crown Court

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Claims Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-6771-11-57

Amount of Each Receipt this Period

10.58

**C.**

Full Name (Last, First, Middle Initial)

Michael R. Halford

Mailing Address 131 Crown Court

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Claims Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-6753-16-48

Amount of Each Receipt this Period

10.58

**SUBTOTAL** of Receipts This Page (optional) .....

31.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynn Hamilton

Mailing Address 221 Wolcott Hill Road

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52254-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Lynn Hamilton

Mailing Address 221 Wolcott Hill Road

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1001-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Hamilton

Mailing Address 221 Wolcott Hill Road

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1003-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph L. Hannah

Mailing Address 9414 Indianfield DV

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-58120-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph L. Hannah

Mailing Address 9414 Indianfield DV

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-6863-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph L. Hannah

Mailing Address 9414 Indianfield DV

City

Mechanicsville

State

VA

Zip Code

23116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-6844-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

H. Hanway

Mailing Address 1005 Bent Rd

City

State

Zip Code

Media

PA

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-54905-15-41

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

H. Hanway

Mailing Address 1005 Bent Rd

City

State

Zip Code

Media

PA

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-3652-11-57

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

H. Hanway

Mailing Address 1005 Bent Rd

City

State

Zip Code

Media

PA

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-3649-16-48

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional) .....

576.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ben K. Haynes

Mailing Address 2 Collins View Road

City

State

Zip Code

Canton

CT

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55986-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ben K. Haynes

Mailing Address 2 Collins View Road

City

State

Zip Code

Canton

CT

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4728-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ben K. Haynes

Mailing Address 2 Collins View Road

City

State

Zip Code

Canton

CT

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-4724-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cheryl S. Haynes

Mailing Address 5320 Sunnyvale Dr

City

Antioch

State

TN

Zip Code

37013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Business Analysis Senior Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-56057-15-41

Amount of Each Receipt this Period

11.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl S. Haynes

Mailing Address 5320 Sunnyvale Dr

City

Antioch

State

TN

Zip Code

37013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Business Analysis Senior Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-4799-11-57

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)

Cheryl S. Haynes

Mailing Address 5320 Sunnyvale Dr

City

Antioch

State

TN

Zip Code

37013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Business Analysis Senior Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-4794-16-48

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional) .....

33.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas M. Healy

Mailing Address 41 Bradley Corners Rd

City

Madison

State

CT

Zip Code

06443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Corporate Security Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53331-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas M. Healy

Mailing Address 41 Bradley Corners Rd

City

Madison

State

CT

Zip Code

06443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Corporate Security Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2077-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas M. Healy

Mailing Address 41 Bradley Corners Rd

City

Madison

State

CT

Zip Code

06443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Corporate Security Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2076-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Clay R. Hedlund

Mailing Address 2504 Briarcrest Dr

City

Irving

State

TX

Zip Code

75063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA DENTAL HEALTH, INC.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.74

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59650-15-41

Amount of Each Receipt this Period

12.71

**B.**

Full Name (Last, First, Middle Initial)

Clay R. Hedlund

Mailing Address 2504 Briarcrest Dr

City

Irving

State

TX

Zip Code

75063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA DENTAL HEALTH, INC.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.74

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-8392-11-57

Amount of Each Receipt this Period

12.71

**C.**

Full Name (Last, First, Middle Initial)

Clay R. Hedlund

Mailing Address 2504 Briarcrest Dr

City

Irving

State

TX

Zip Code

75063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA DENTAL HEALTH, INC.

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8371-16-48

Amount of Each Receipt this Period

12.71

**SUBTOTAL** of Receipts This Page (optional) .....

38.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

G. Hoagland

Mailing Address 10012 Rough Run Court

City State Zip Code

Fairfax VA 22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&PA CIGNA-General Counsel

Occupation

Vice President Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-69989-15-41

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)

G. Hoagland

Mailing Address 10012 Rough Run Court

City State Zip Code

Fairfax VA 22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&PA CIGNA-General Counsel

Occupation

Vice President Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-18681-11-57

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

G. Hoagland

Mailing Address 10012 Rough Run Court

City State Zip Code

Fairfax VA 22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
L&PA CIGNA-General Counsel

Occupation

Vice President Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-18631-16-48

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathleen M. Hockmuth

Mailing Address 135 Brackett Rd

City

Rye

State

NH

Zip Code

03870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51919-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen M. Hockmuth

Mailing Address 135 Brackett Rd

City

Rye

State

NH

Zip Code

03870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-667-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen M. Hockmuth

Mailing Address 135 Brackett Rd

City

Rye

State

NH

Zip Code

03870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-669-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert P. Hockmuth

Mailing Address 135 Brackett Rd

City

Rye

State

NH

Zip Code

03870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52188-15-41

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

Robert P. Hockmuth

Mailing Address 135 Brackett Rd

City

Rye

State

NH

Zip Code

03870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-935-11-57

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

Robert P. Hockmuth

Mailing Address 135 Brackett Rd

City

Rye

State

NH

Zip Code

03870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-937-16-48

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

57.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary T. Hoeltzel

Mailing Address 213 Orchard Way

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIN CIGNA Financial Repor-  
ting

Occupation

Financial Strategy Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-71862-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mary T. Hoeltzel

Mailing Address 213 Orchard Way

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIN CIGNA Financial Repor-  
ting

Occupation

Financial Strategy Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-20540-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mary T. Hoeltzel

Mailing Address 213 Orchard Way

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIN CIGNA Financial Repor-  
ting

Occupation

Financial Strategy Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-20472-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan B. Hoffnagle

Mailing Address 248 Tarringford St

City

Winsted

State

CT

Zip Code

06098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53245-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Susan B. Hoffnagle

Mailing Address 248 Tarringford St

City

Winsted

State

CT

Zip Code

06098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1991-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Susan B. Hoffnagle

Mailing Address 248 Tarringford St

City

Winsted

State

CT

Zip Code

06098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1990-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tamara Horwitz

Mailing Address 3430 List Place

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-25431-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Robert S. House

Mailing Address 181 Reverknolls

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52344-15-41

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

Robert S. House

Mailing Address 181 Reverknolls

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1091-11-57

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

39.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert S. House

Mailing Address 181 Reverknolls

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1093-16-48

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

Dale Hovey

Mailing Address 6 Westborough Dr

City

Weatogue

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52391-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Dale Hovey

Mailing Address 6 Westborough Dr

City

Weatogue

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1137-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

49.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dale Hovey

Mailing Address 6 Westborough Dr

City

Weatogue

State

CT

Zip Code

06089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1139-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Scott C. Hudson

Mailing Address 3374 Sweeney Hollow Road

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55325-15-41

Amount of Each Receipt this Period

10.96

**C.**

Full Name (Last, First, Middle Initial)

Scott C. Hudson

Mailing Address 3374 Sweeney Hollow Road

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4071-11-57

Amount of Each Receipt this Period

10.96

**SUBTOTAL** of Receipts This Page (optional) .....

41.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott C. Hudson

Mailing Address 3374 Sweeney Hollow Road

City State Zip Code  
 Franklin TN 37064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation  
Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.22

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-4068-16-48

Amount of Each Receipt this Period

10.96

**B.**

Full Name (Last, First, Middle Initial)

Robert J. Hughes

Mailing Address 120 Shandon PI

City State Zip Code  
 Malvern PA 19355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
Vice President Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52894-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Hughes

Mailing Address 120 Shandon PI

City State Zip Code  
 Malvern PA 19355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation  
Vice President Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1642-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Hughes

Mailing Address 120 Shandon Pl

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1641-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Moin M. Iftekhar

Mailing Address 210 Cabot Court

City

Deptford

State

NJ

Zip Code

08096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Database Administrator Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53825-15-41

Amount of Each Receipt this Period

10.35

**C.**

Full Name (Last, First, Middle Initial)

Moin M. Iftekhar

Mailing Address 210 Cabot Court

City

Deptford

State

NJ

Zip Code

08096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Database Administrator Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2572-11-57

Amount of Each Receipt this Period

10.35

**SUBTOTAL** of Receipts This Page (optional) .....

40.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Moin M. Itekhhar

Mailing Address 210 Cabot Court

City

Deptford

State

NJ

Zip Code

08096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Database Administrator Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.03

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2568-16-48

Amount of Each Receipt this Period

10.35

**B.**

Full Name (Last, First, Middle Initial)

Abdul-Alim Issa

Mailing Address 5 Corvette Ct

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51396-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Abdul-Alim Issa

Mailing Address 5 Corvette Ct

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-145-11-57

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Abdul-Alim Issa

Mailing Address 5 Corvette Ct

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-145-16-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Malcolm D. Jackson

Mailing Address 28 Cedar Meadow Lane

City

Media

State

PA

Zip Code

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Business Unit I.T. Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-68682-15-41

Amount of Each Receipt this Period

27.00

**C.**

Full Name (Last, First, Middle Initial)

Malcolm D. Jackson

Mailing Address 28 Cedar Meadow Lane

City

Media

State

PA

Zip Code

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Business Unit I.T. Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-17385-11-57

Amount of Each Receipt this Period

27.00

**SUBTOTAL** of Receipts This Page (optional) .....

79.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Malcolm D. Jackson

Mailing Address 28 Cedar Meadow Lane

City

State

Zip Code

Media

PA

19063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Business Unit I.T. Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-17346-16-48

Amount of Each Receipt this Period

27.00

**B.**

Full Name (Last, First, Middle Initial)

William S. Jameson

Mailing Address 690 Bradford St

City

State

Zip Code

Pasadena

CA

91105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-59882-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

William S. Jameson

Mailing Address 690 Bradford St

City

State

Zip Code

Pasadena

CA

91105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-8624-11-57

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

77.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William S. Jameson

Mailing Address 690 Bradford St

City

Pasadena

State

CA

Zip Code

91105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-8603-16-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

David C. Jamieson

Mailing Address 25 River Drive South, #2406

City

Jersey City

State

NJ

Zip Code

07310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-70109-15-41

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

David C. Jamieson

Mailing Address 25 River Drive South, #2406

City

Jersey City

State

NJ

Zip Code

07310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-18801-11-57

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional) .....

49.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David C. Jamieson

Mailing Address 25 River Drive South, #2406

City

Jersey City

State

NJ

Zip Code

07310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-18751-16-48

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

James M. Jeffers

Mailing Address 50 Paley Farms Rd

City

Portland

State

CT

Zip Code

06480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Information Protection Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51597-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

James M. Jeffers

Mailing Address 50 Paley Farms Rd

City

Portland

State

CT

Zip Code

06480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Information Protection Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-346-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

32.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James M. Jeffers

Mailing Address 50 Paley Farms Rd

City

Portland

State

CT

Zip Code

06480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Information Protection Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-347-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Frank E. Jones

Mailing Address 2622 Cedarvue Dr

City

Upper St Clair

State

PA

Zip Code

15241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55141-15-41

Amount of Each Receipt this Period

16.28

**C.**

Full Name (Last, First, Middle Initial)

Frank E. Jones

Mailing Address 2622 Cedarvue Dr

City

Upper St Clair

State

PA

Zip Code

15241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3888-11-57

Amount of Each Receipt this Period

16.28

**SUBTOTAL** of Receipts This Page (optional) .....

42.56

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank E. Jones

Mailing Address 2622 Cedarvue Dr

City

Upper St Clair

State

PA

Zip Code

15241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-3885-16-48

Amount of Each Receipt this Period

16.28

**B.**

Full Name (Last, First, Middle Initial)

Scott Josephs

Mailing Address 403 Tramore Dr

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-60617-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Josephs

Mailing Address 403 Tramore Dr

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-9359-11-57

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

66.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott Josephs

Mailing Address 403 Tramore Dr

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9337-16-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Kang

Mailing Address 50 Stoneham Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-63755-15-41

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Kang

Mailing Address 50 Stoneham Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-12489-11-57

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey L. Kang

Mailing Address 50 Stoneham Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-12458-16-48

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rhonda M. Karlin

Mailing Address 162 Four Mile Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53357-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Rhonda M. Karlin

Mailing Address 162 Four Mile Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2103-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rhonda M. Karlin

Mailing Address 162 Four Mile Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2102-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Benjamin W. Katz

Mailing Address 3603a Happy Valley Rd

City

Lafayette

State

CA

Zip Code

94549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF CA,  
INC.

Occupation

Provider Contracting Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

854.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8809-16-48

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Eric E. Kaulfuss

Mailing Address 8518 Cavanaugh Lane

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Talent Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55234-15-41

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric E. Kaulfuss

Mailing Address 8518 Cavanaugh Lane

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Talent Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3981-11-57

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Eric E. Kaulfuss

Mailing Address 8518 Cavanaugh Lane

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Talent Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3978-16-48

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Coretta H. Key

Mailing Address 136 Arapahoe St

City

Woodland Park

State

CO

Zip Code

80863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Quality Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

235.24

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4586-11-57

Amount of Each Receipt this Period

10.89

**SUBTOTAL** of Receipts This Page (optional) .....

30.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Coretta H. Key

Mailing Address 136 Arapahoe St

City

Woodland Park

State

CO

Zip Code

80863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Quality Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-4582-16-48

Amount of Each Receipt this Period

10.89

**B.**

Full Name (Last, First, Middle Initial)

John M. Kissel

Mailing Address 106 E Valley Creek Rd

City

Plymouth Meeting

State

PA

Zip Code

19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S Talent Optimization

Occupation

Human Resources Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-67044-15-41

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

John M. Kissel

Mailing Address 106 E Valley Creek Rd

City

Plymouth Meeting

State

PA

Zip Code

19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S Talent Optimization

Occupation

Human Resources Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-15756-11-57

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John M. Kissel

Mailing Address 106 E Valley Creek Rd

City

Plymouth Meeting

State

PA

Zip Code

19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S Talent Optimization

Occupation

Human Resources Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-15725-16-48

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Kay L. Kretsch

Mailing Address 221 Lone Oak Village Way

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Government Services

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-67822-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kay L. Kretsch

Mailing Address 221 Lone Oak Village Way

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Government Services

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-16530-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kay L. Kretsch

Mailing Address 221 Lone Oak Village Way

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Government Services

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-16496-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Diana L. Kycia

Mailing Address 98 Garfield Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52374-15-41

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Diana L. Kycia

Mailing Address 98 Garfield Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1120-11-57

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Diana L. Kycia

Mailing Address 98 Garfield Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1122-16-48

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Maria Y. Kyriakos

Mailing Address 211 Hoyer Court

City

Wilmington

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59691-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Y. Kyriakos

Mailing Address 211 Hoyer Court

City

Wilmington

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-8433-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

32.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maria Y. Kyriakos

Mailing Address 211 Hoyer Court

City

Wilmington

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8412-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Rene R. LaFleur

Mailing Address 169 Burnham Rd

City

Lowell

State

MA

Zip Code

01852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-241-11-57

Amount of Each Receipt this Period

46.00

**C.**

Full Name (Last, First, Middle Initial)

Rene R. LaFleur

Mailing Address 169 Burnham Rd

City

Lowell

State

MA

Zip Code

01852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-241-16-48

Amount of Each Receipt this Period

6.62

**SUBTOTAL** of Receipts This Page (optional) .....

62.62

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth P. Langevin

Mailing Address 32 Castlewood Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-52876-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth P. Langevin

Mailing Address 32 Castlewood Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-1624-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth P. Langevin

Mailing Address 32 Castlewood Rd

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-1623-16-48

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

45.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R. Lara

Mailing Address 3657 E. Adobe Dr

City

Phoenix

State

AZ

Zip Code

85050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54768-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

R. Lara

Mailing Address 3657 E. Adobe Dr

City

Phoenix

State

AZ

Zip Code

85050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3513-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

R. Lara

Mailing Address 3657 E. Adobe Dr

City

Phoenix

State

AZ

Zip Code

85050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3510-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alfredo Lathrop

Mailing Address 11 Alexandra Ct

City

Glen Mills

State

PA

Zip Code

19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Human Resources

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: 20081015-56315-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Alfredo Lathrop

Mailing Address 11 Alexandra Ct

City

Glen Mills

State

PA

Zip Code

19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Human Resources

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Transaction ID: 20081103-5057-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Alfredo Lathrop

Mailing Address 11 Alexandra Ct

City

Glen Mills

State

PA

Zip Code

19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Human Resources

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	8

Transaction ID: 20081114-5051-16-48

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William P. Lawless

Mailing Address 509 S Bay Shore Blvd

City

Gilbert

State

AZ

Zip Code

85233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53574-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

William P. Lawless

Mailing Address 509 S Bay Shore Blvd

City

Gilbert

State

AZ

Zip Code

85233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2320-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

William P. Lawless

Mailing Address 509 S Bay Shore Blvd

City

Gilbert

State

AZ

Zip Code

85233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2319-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lisa Lawrence

Mailing Address 1300 Fishing Lake Dr

City

Odessa

State

FL

Zip Code

33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55448-15-41

Amount of Each Receipt this Period

13.92

**B.**

Full Name (Last, First, Middle Initial)

Lisa Lawrence

Mailing Address 1300 Fishing Lake Dr

City

Odessa

State

FL

Zip Code

33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4194-11-57

Amount of Each Receipt this Period

13.92

**C.**

Full Name (Last, First, Middle Initial)

Lisa Lawrence

Mailing Address 8548 Orsi Court

City

Trinity

State

FL

Zip Code

34655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.33

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-4191-16-48

Amount of Each Receipt this Period

13.92

**SUBTOTAL** of Receipts This Page (optional) .....

41.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Levine

Mailing Address 6469 NE 186th St

City

Kenmore

State

WA

Zip Code

98028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54748-15-41

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

Charles Levine

Mailing Address 6469 NE 186th St

City

Kenmore

State

WA

Zip Code

98028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3493-11-57

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

Charles Levine

Mailing Address 6469 NE 186th St

City

Kenmore

State

WA

Zip Code

98028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3490-16-48

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

28.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas X. Lonergan

Mailing Address 35 Shingle Mill Rd

City

West Simsbury

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51705-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas X. Lonergan

Mailing Address 35 Shingle Mill Rd

City

West Simsbury

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-454-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas X. Lonergan

Mailing Address 35 Shingle Mill Rd

City

West Simsbury

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Actuarial Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-455-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Long

Mailing Address 27094 Prairie View Avenue

City

Harrisburg

State

SD

Zip Code

57032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEL-DRUG, INC.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-62372-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

David Long

Mailing Address 27094 Prairie View Avenue

City

Harrisburg

State

SD

Zip Code

57032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEL-DRUG, INC.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-11105-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

David Long

Mailing Address 27094 Prairie View Avenue

City

Harrisburg

State

SD

Zip Code

57032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEL-DRUG, INC.

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-11081-16-48

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher R. Loomis

Mailing Address 909 Overton Ave

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-57111-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher R. Loomis

Mailing Address 909 Overton Ave

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-5853-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher R. Loomis

Mailing Address 909 Overton Ave

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Association Chief Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-5840-16-48

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maureen Macinnis

Mailing Address 65 Joanna Way

City

Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S HR&S Executive Staff

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-68755-15-41

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Maureen Macinnis

Mailing Address 65 Joanna Way

City

Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S HR&S Executive Staff

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-17458-11-57

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Maureen Macinnis

Mailing Address 65 Joanna Way

City

Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HR&S HR&S Executive Staff

Occupation

Human Resources Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-17419-16-48

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

57.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jon E. Maesner

Mailing Address 22 Crosswood Rd

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59679-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Jon E. Maesner

Mailing Address 22 Crosswood Rd

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-8421-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Jon E. Maesner

Mailing Address 22 Crosswood Rd

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8400-16-48

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William J. Maher

Mailing Address 16 Sheffield Dr

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	8

Transaction ID: 20081015-55392-15-41

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Maher

Mailing Address 16 Sheffield Dr

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Transaction ID: 20081103-4138-11-57

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

William J. Maher

Mailing Address 16 Sheffield Dr

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	8

Transaction ID: 20081114-4135-16-48

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional) .....

36.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carla C. Mangiafico

Mailing Address 47 Kelsey Ln

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51572-15-41

Amount of Each Receipt this Period

19.00

**B.**

Full Name (Last, First, Middle Initial)

Carla C. Mangiafico

Mailing Address 47 Kelsey Ln

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-321-11-57

Amount of Each Receipt this Period

19.00

**C.**

Full Name (Last, First, Middle Initial)

Carla C. Mangiafico

Mailing Address 47 Kelsey Ln

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-322-16-48

Amount of Each Receipt this Period

19.00

**SUBTOTAL** of Receipts This Page (optional) .....

57.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lance D. Marshall

Mailing Address 316 Cornerstone Drive

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.15

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-66517-15-41

Amount of Each Receipt this Period

21.15

**B.**

Full Name (Last, First, Middle Initial)

Mark P. Marsters

Mailing Address 13 Devonshire Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-64932-15-41

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mark P. Marsters

Mailing Address 13 Devonshire Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-13662-11-57

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

121.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark P. Marsters

Mailing Address 13 Devonshire Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Service Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-13631-16-48

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas J. Martel

Mailing Address 23 Tack Ct

City

Edgewater

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-64487-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas J. Martel

Mailing Address 23 Tack Ct

City

Edgewater

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-13218-11-57

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas J. Martel

Mailing Address 23 Tack Ct

City

Edgewater

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-13188-16-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John W. Matheny

Mailing Address 43 S Taylor Point Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56664-15-41

Amount of Each Receipt this Period

17.31

**C.**

Full Name (Last, First, Middle Initial)

John W. Matheny

Mailing Address 43 S Taylor Point Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5407-11-57

Amount of Each Receipt this Period

17.31

**SUBTOTAL** of Receipts This Page (optional) .....

59.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John W. Matheny

Mailing Address 43 S Taylor Point Dr

City

The Woodlands

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

394.67

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5399-16-48

Amount of Each Receipt this Period

17.31

**B.**

Full Name (Last, First, Middle Initial)

Glenn Maykish

Mailing Address 14 Stoneybrook Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Sales Director-Sales Mgt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-64459-15-41

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Glenn Maykish

Mailing Address 14 Stoneybrook Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Sales Director-Sales Mgt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-13190-11-57

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

55.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Glenn Maykish

Mailing Address 14 Stoneybrook Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Sales Director-Sales Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-13160-16-48

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Susan G. McClure

Mailing Address 6657 Hampton Park Court

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62562-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Susan G. McClure

Mailing Address 6657 Hampton Park Court

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11295-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

39.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan G. McClure

Mailing Address 6657 Hampton Park Court

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Human Resources Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11270-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Wanda M. McConico

Mailing Address 12230 Sherman Dr

City

Charlotte

State

NC

Zip Code

28273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55633-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Wanda M. McConico

Mailing Address 12230 Sherman Dr

City

Charlotte

State

NC

Zip Code

28273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4379-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wanda M. McConico

Mailing Address 12230 Sherman Dr

City

Charlotte

State

NC

Zip Code

28273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-4376-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

William McGean

Mailing Address 10 Grosvenor Rd

City

Waltham

State

MA

Zip Code

02453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-62138-15-41

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

William McGean

Mailing Address 10 Grosvenor Rd

City

Waltham

State

MA

Zip Code

02453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-10873-11-57

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William McGean

Mailing Address 10 Grosvenor Rd

City

Waltham

State

MA

Zip Code

02453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Operations Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-10849-16-48

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Sheila McGinley-Graziosi

Mailing Address 32 Starview Dr

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52954-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Sheila McGinley-Graziosi

Mailing Address 32 Starview Dr

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1701-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sheila McGinley-Graziosi

Mailing Address 32 Starview Dr

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1700-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Susan E. McMurray

Mailing Address 32 Bass Dr

City

Enfield

State

CT

Zip Code

06082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51840-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Susan E. McMurray

Mailing Address 32 Bass Dr

City

Enfield

State

CT

Zip Code

06082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-589-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan E. McMurray

Mailing Address 32 Bass Dr

City

Enfield

State

CT

Zip Code

06082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-590-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Brian C. McNeil

Mailing Address 1359 Shady Knoll Ct

City

Longwood

State

FL

Zip Code

32750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57322-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Brian C. McNeil

Mailing Address 1359 Shady Knoll Ct

City

Longwood

State

FL

Zip Code

32750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-6066-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian C. McNeil

Mailing Address 1359 Shady Knoll Ct

City

Longwood

State

FL

Zip Code

32750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-6049-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mark J. McPhail

Mailing Address 4607 Mill Wood Dr

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-58392-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mark J. McPhail

Mailing Address 4607 Mill Wood Dr

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7135-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark J. McPhail

Mailing Address 4607 Mill Wood Dr

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7116-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Steven G. Mellas

Mailing Address 20 Lexington Mnr

City

Glenmoore

State

PA

Zip Code

19343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53390-15-41

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

Steven G. Mellas

Mailing Address 20 Lexington Mnr

City

Glenmoore

State

PA

Zip Code

19343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2136-11-57

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

34.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven G. Mellas

Mailing Address 20 Lexington Mnr

City

Glenmoore

State

PA

Zip Code

19343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2135-16-48

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher L. Miller

Mailing Address 2530 Allegheny Dr

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Contract Specialist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-58142-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher L. Miller

Mailing Address 2530 Allegheny Dr

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Contract Specialist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-6885-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

32.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher L. Miller

Mailing Address 2530 Allegheny Dr

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Contract Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-6866-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald E. Miller

Mailing Address 1034 Reunion Drive

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57881-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald E. Miller

Mailing Address 1034 Reunion Drive

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-6625-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald E. Miller

Mailing Address 1034 Reunion Drive

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-6607-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Morris D. Mirabella

Mailing Address 5820 Aventura Ct

City

Tampa

State

FL

Zip Code

33625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-60310-15-41

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Morris D. Mirabella

Mailing Address 5820 Aventura Ct

City

Tampa

State

FL

Zip Code

33625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-9052-11-57

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Morris D. Mirabella

Mailing Address 5820 Aventura Ct

City

Tampa

State

FL

Zip Code

33625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9030-16-48

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Kymberly P. Miranda

Mailing Address 520 SE 5th Avenue

City

Ft. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57159-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kymberly P. Miranda

Mailing Address 520 SE 5th Avenue

City

Ft. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5902-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kymberly P. Miranda

Mailing Address 520 SE 5th Avenue

City

Ft. Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5889-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jodie K. Mirfendereski

Mailing Address 104 Glenlivet Pl

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56267-15-41

Amount of Each Receipt this Period

10.91

**C.**

Full Name (Last, First, Middle Initial)

Jodie K. Mirfendereski

Mailing Address 104 Glenlivet Pl

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5009-11-57

Amount of Each Receipt this Period

10.91

**SUBTOTAL** of Receipts This Page (optional) .....

41.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jodie K. Mirfendereski

Mailing Address 104 Glenlivet Pl

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5003-16-48

Amount of Each Receipt this Period

10.91

**B.**

Full Name (Last, First, Middle Initial)

Melanie N. Monchick

Mailing Address 103 Loch Haven Ln

City

Cary

State

NC

Zip Code

27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Clinical Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59931-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Melanie N. Monchick

Mailing Address 103 Loch Haven Ln

City

Cary

State

NC

Zip Code

27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Clinical Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-8673-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Melanie N. Monchick

Mailing Address 103 Loch Haven Ln

City

State

Zip Code

Cary

NC

27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Clinical Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8651-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth W. Munkel

Mailing Address 11835 Wildwood Springs Dr

City

State

Zip Code

Roswell

GA

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53981-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth W. Munkel

Mailing Address 11835 Wildwood Springs Dr

City

State

Zip Code

Roswell

GA

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2728-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth W. Munkel

Mailing Address 11835 Wildwood Springs Dr

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2724-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

John M. Murabito

Mailing Address 105 Mill View Ln

City

Newtown Square

State

PA

Zip Code

19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

E.V.P. Human Resources & Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-65346-15-41

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John M. Murabito

Mailing Address 105 Mill View Ln

City

Newtown Square

State

PA

Zip Code

19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

E.V.P. Human Resources & Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-14074-11-57

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John M. Murabito

Mailing Address 105 Mill View Ln

City

Newtown Square

State

PA

Zip Code

19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

E.V.P. Human Resources & Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-14043-16-48

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John M. Murphy

Mailing Address 3102 Falling Acorn Circle

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62273-15-41

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

John M. Murphy

Mailing Address 3102 Falling Acorn Circle

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11006-11-57

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

124.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John M. Murphy

Mailing Address 3102 Falling Acorn Circle

City

Lake Mary

State

FL

Zip Code

32746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-10983-16-48

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Michael B. Murphy

Mailing Address 732 Mountain Rd

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Learning Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53243-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Michael B. Murphy

Mailing Address 732 Mountain Rd

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Learning Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1989-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

32.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael B. Murphy

Mailing Address 732 Mountain Rd

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Learning Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1988-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Paula Murphy

Mailing Address 11 Dally Farms Rd

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Management Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57102-15-41

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Paula Murphy

Mailing Address 11 Dally Farms Rd

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Management Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5844-11-57

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paula Murphy

Mailing Address 11 Dally Farms Rd

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Management Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5831-16-48

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

James L. Nadler

Mailing Address 143 N Shawnee Ridge Cir

City

Spring

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.68

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57093-15-41

Amount of Each Receipt this Period

11.50

**C.**

Full Name (Last, First, Middle Initial)

James L. Nadler

Mailing Address 143 N Shawnee Ridge Cir

City

Spring

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.68

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5835-11-57

Amount of Each Receipt this Period

11.50

**SUBTOTAL** of Receipts This Page (optional) .....

38.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James L. Nadler

Mailing Address 143 N Shawnee Ridge Cir

City

Spring

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5822-16-48

Amount of Each Receipt this Period

11.50

**B.**

Full Name (Last, First, Middle Initial)

Noreen Nageotte

Mailing Address 28205 W Oviatt Rd

City

Bay Village

State

OH

Zip Code

44140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-60925-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Noreen Nageotte

Mailing Address 28205 W Oviatt Rd

City

Bay Village

State

OH

Zip Code

44140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-9666-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

31.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Noreen Nageotte

Mailing Address 28205 W Oviatt Rd

City

Bay Village

State

OH

Zip Code

44140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9644-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Van A. Nelimark

Mailing Address 2120 Sw 52nd Ave

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA DENTAL HEALTH OF FL,  
INC

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56102-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Van A. Nelimark

Mailing Address 2120 Sw 52nd Ave

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA DENTAL HEALTH OF FL,  
INC

Occupation

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4844-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Van A. Nelimark

Mailing Address 2120 Sw 52nd Ave

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA DENTAL HEALTH OF FL,  
INC

Occupation

Dentist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-4839-16-48

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Daniel Nicoll

Mailing Address 4 Bayview Dr

City

Plainview

State

NY

Zip Code

11803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

619.39

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53719-15-41

Amount of Each Receipt this Period

26.93

C.

Full Name (Last, First, Middle Initial)

Daniel Nicoll

Mailing Address 4 Bayview Dr

City

Plainview

State

NY

Zip Code

11803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

619.39

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2465-11-57

Amount of Each Receipt this Period

26.93

SUBTOTAL of Receipts This Page (optional) .....

63.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Nicoll

Mailing Address 4 Bayview Dr

City

Plainview

State

NY

Zip Code

11803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2464-16-48

Amount of Each Receipt this Period

26.93

**B.**

Full Name (Last, First, Middle Initial)

Eliana Nunez

Mailing Address 120 Ridge Crest Cir

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Management Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52698-15-41

Amount of Each Receipt this Period

15.63

**C.**

Full Name (Last, First, Middle Initial)

Eliana Nunez

Mailing Address 120 Ridge Crest Cir

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Management Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1446-11-57

Amount of Each Receipt this Period

15.63

**SUBTOTAL** of Receipts This Page (optional) .....

58.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eliana Nunez

Mailing Address 120 Ridge Crest Cir

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Project Management Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1446-16-48

Amount of Each Receipt this Period

15.63

**B.**

Full Name (Last, First, Middle Initial)

Kathleen M. O'Neil

Mailing Address 40 Chestnut Hill Rd

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53248-15-41

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen M. O'Neil

Mailing Address 40 Chestnut Hill Rd

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1994-11-57

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathleen M. O'Neil

Mailing Address 40 Chestnut Hill Rd

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Accounting Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1993-16-48

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

John Oates

Mailing Address 2101 Sea Eagle View

City

Austin

State

TX

Zip Code

78738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Government Affairs Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-69147-15-41

Amount of Each Receipt this Period

46.15

**C.**

Full Name (Last, First, Middle Initial)

John Oates

Mailing Address 2101 Sea Eagle View

City

Austin

State

TX

Zip Code

78738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Government Affairs Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-17847-11-57

Amount of Each Receipt this Period

46.15

**SUBTOTAL** of Receipts This Page (optional) .....

107.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Oates

Mailing Address 2101 Sea Eagle View

City

Austin

State

TX

Zip Code

78738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-17806-16-48

Amount of Each Receipt this Period

46.15

**B.**

Full Name (Last, First, Middle Initial)

Katherine Overbye

Mailing Address 995 Hopmeadow St

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52935-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Katherine Overbye

Mailing Address 995 Hopmeadow St

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1682-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

66.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Katherine Overbye

Mailing Address 995 Hopmeadow St

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1681-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Eric P. Palmer

Mailing Address 42 Ridgeview Drive

City

Ellington

State

CT

Zip Code

06029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Actuarial Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59088-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Eric P. Palmer

Mailing Address 42 Ridgeview Drive

City

Ellington

State

CT

Zip Code

06029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Actuarial Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7831-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric P. Palmer

Mailing Address 42 Ridgeview Drive

City

Ellington

State

CT

Zip Code

06029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Actuarial Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7810-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen C. Parham

Mailing Address 201 Willoughby Blvd.

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Sales Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-64184-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen C. Parham

Mailing Address 201 Willoughby Blvd.

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Sales Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-12916-11-57

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen C. Parham

Mailing Address 201 Willoughby Blvd.

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-12886-16-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Charlene Parsons

Mailing Address 1179 Colts Ln

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Talent Optimization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-65891-15-41

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Charlene Parsons

Mailing Address 1179 Colts Ln

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Talent Optimization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-14615-11-57

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charlene Parsons

Mailing Address 1179 Colts Ln

City

State

Zip Code

Yardley

PA

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Talent Optimization

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-14584-16-48

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Mark A. Parsons

Mailing Address 4 Thistle Hollow

City

State

Zip Code

Avon

CT

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Reinsurance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51811-15-41

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Mark A. Parsons

Mailing Address 4 Thistle Hollow

City

State

Zip Code

Avon

CT

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Reinsurance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-560-11-57

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark A. Parsons

Mailing Address 4 Thistle Hollow

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Svp Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-561-16-48

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Perkins

Mailing Address 712 N 2nd St

City

Avondale

State

AZ

Zip Code

85323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Physician Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-8220-16-48

Amount of Each Receipt this Period

8.45

**C.**

Full Name (Last, First, Middle Initial)

Raymond H. Perry

Mailing Address 112 W Walnut Ave

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-53915-15-41

Amount of Each Receipt this Period

11.83

SUBTOTAL of Receipts This Page (optional) .....

60.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Raymond H. Perry

Mailing Address 112 W Walnut Ave

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Financial Analysis Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.74

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2662-11-57

Amount of Each Receipt this Period

11.83

**B.**

Full Name (Last, First, Middle Initial)

Raymond H. Perry

Mailing Address 112 W Walnut Ave

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Financial Analysis Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2658-16-48

Amount of Each Receipt this Period

11.83

**C.**

Full Name (Last, First, Middle Initial)

Carol Petren

Mailing Address The Ayer - #10 SW

City

Philadelphia

State

PA

Zip Code

19106-3581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADM CEO Staff

Occupation

E.V.P. Genl Counsel & Pub Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4416.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-68589-15-41

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional) .....

215.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carol Petren

Mailing Address The Ayer - #10 SW

City

Philadelphia

State

PA

Zip Code

19106-3581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADM CEO Staff

Occupation

E.V.P. Genl Counsel & Pub Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-17294-11-57

Amount of Each Receipt this Period

192.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Petren

Mailing Address The Ayer - #10 SW

City

Philadelphia

State

PA

Zip Code

19106-3581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADM CEO Staff

Occupation

E.V.P. Genl Counsel & Pub Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-17255-16-48

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

Robert D. Picinich

Mailing Address 1096 Maple Hill Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53855-15-41

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

399.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert D. Picinich

Mailing Address 1096 Maple Hill Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2602-11-57

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Robert D. Picinich

Mailing Address 1096 Maple Hill Ln

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2598-16-48

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Charles C. Pitts

Mailing Address 622 Museum Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHC Middle Market Segment

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-69527-15-41

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional) .....

49.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles C. Pitts

Mailing Address 622 Museum Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Middle Market Segment

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-18223-11-57

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

Charles C. Pitts

Mailing Address 622 Museum Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Middle Market Segment

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-18179-16-48

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

Clifford C. Podewell

Mailing Address 19814 N Desert Song Ct

City

Surprise

State

AZ

Zip Code

85374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Internal Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56794-15-41

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

48.46

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Clifford C. Podewell

Mailing Address 19814 N Desert Song Ct

City

Surprise

State

AZ

Zip Code

85374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Internal Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-5537-11-57

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Clifford C. Podewell

Mailing Address 19814 N Desert Song Ct

City

Surprise

State

AZ

Zip Code

85374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Internal Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-5529-16-48

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

David M. Porcello

Mailing Address 24 Magnolia Dr

City

Suffield

State

CT

Zip Code

06078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-52817-15-41

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David M. Porcello

Mailing Address 24 Magnolia Dr

City

Suffield

State

CT

Zip Code

06078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-1565-11-57

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David M. Porcello

Mailing Address 24 Magnolia Dr

City

Suffield

State

CT

Zip Code

06078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-1565-16-48

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Michele A. Powers

Mailing Address 318 Hurst Drive

City

Old Hickory

State

TN

Zip Code

37138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-62814-15-41

Amount of Each Receipt this Period

19.25

SUBTOTAL of Receipts This Page (optional) .....

59.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michele A. Powers

Mailing Address 318 Hurst Drive

City

Old Hickory

State

TN

Zip Code

37138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11548-11-57

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Michele A. Powers

Mailing Address 318 Hurst Drive

City

Old Hickory

State

TN

Zip Code

37138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11523-16-48

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Thomas F. Prevost

Mailing Address 13 Deer Run

City

Southwick

State

MA

Zip Code

01077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Aviation Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51646-15-41

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

57.75

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas F. Prevost

Mailing Address 13 Deer Run

City

Southwick

State

MA

Zip Code

01077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Aviation Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-395-11-57

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Thomas F. Prevost

Mailing Address 13 Deer Run

City

Southwick

State

MA

Zip Code

01077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Aviation Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-396-16-48

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Jodi Prohovsky

Mailing Address 360 W Point Rd

City

Tonka Bay

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

Operations Senior Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-53411-15-41

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

63.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jodi Prohovsky

Mailing Address 360 W Point Rd

City

Tonka Bay

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2157-11-57

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jodi Prohovsky

Mailing Address 360 W Point Rd

City

Tonka Bay

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA BEHAVIORAL HEALTH,  
INC.

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2156-16-48

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Eduardo A. Ramos

Mailing Address 4241 Marie Circle

City

Doylestown

State

PA

Zip Code

18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-60793-15-41

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional) .....

68.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eduardo A. Ramos

Mailing Address 4241 Marie Circle

City

Doylestown

State

PA

Zip Code

18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-9535-11-57

Amount of Each Receipt this Period

18.00

**B.**

Full Name (Last, First, Middle Initial)

Eduardo A. Ramos

Mailing Address 4241 Marie Circle

City

Doylestown

State

PA

Zip Code

18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Marketing Product Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9513-16-48

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

John F. Rausch

Mailing Address 14615 N 12th St

City

Phoenix

State

AZ

Zip Code

85022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59187-15-41

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional) .....

45.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John F. Rausch

Mailing Address 14615 N 12th St

City

Phoenix

State

AZ

Zip Code

85022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7930-11-57

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

John F. Rausch

Mailing Address 14615 N 12th St

City

Phoenix

State

AZ

Zip Code

85022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7909-16-48

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Raybeck

Mailing Address 622 Georgia Ave # 307

City

Chattanooga

State

TN

Zip Code

37402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-65808-15-41

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

38.49

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Raybeck

Mailing Address 622 Georgia Ave # 307

City

Chattanooga

State

TN

Zip Code

37402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-14533-11-57

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Raybeck

Mailing Address 622 Georgia Ave # 307

City

Chattanooga

State

TN

Zip Code

37402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INT'L REHAB. ASSOCIATES,  
INC.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-14502-16-48

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

William J. Reedy

Mailing Address 1539 E Hackamore St

City

Mesa

State

AZ

Zip Code

85203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC.

Occupation

Urgent Care Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-58994-15-41

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

58.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William J. Reedy

Mailing Address 1539 E Hackamore St

City

Mesa

State

AZ

Zip Code

85203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Urgent Care Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7737-11-57

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Reedy

Mailing Address 1539 E Hackamore St

City

Mesa

State

AZ

Zip Code

85203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Urgent Care Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7716-16-48

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Brett A. Reinholz

Mailing Address 360 W Illinois St Apt 3a

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56516-15-41

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brett A. Reinholz

Mailing Address 360 W Illinois St Apt 3a

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-5259-11-57

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Brett A. Reinholz

Mailing Address 360 W Illinois St Apt 3a

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-5252-16-48

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Jane L. Renninger

Mailing Address 73 Tyler Court

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Business Project Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

298.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-3118-11-57

Amount of Each Receipt this Period

26.96

SUBTOTAL of Receipts This Page (optional) .....

56.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jane L. Renninger

Mailing Address 13042 Tradition Drive

City

State

Zip Code

Dade City

FL

33525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Business Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3114-16-48

Amount of Each Receipt this Period

13.22

**B.**

Full Name (Last, First, Middle Initial)

Thomas B. Richards

Mailing Address 3 Scarborough Farms Rd

City

State

Zip Code

Simsbury

CT

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Product Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52044-15-41

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas B. Richards

Mailing Address 3 Scarborough Farms Rd

City

State

Zip Code

Simsbury

CT

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Product Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-791-11-57

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

63.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas B. Richards

Mailing Address 3 Scarborough Farms Rd

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Product Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-793-16-48

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy E. Richmond

Mailing Address 503 Willow Hedge Ct

City

Monroeville

State

PA

Zip Code

15146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55116-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy E. Richmond

Mailing Address 503 Willow Hedge Ct

City

Monroeville

State

PA

Zip Code

15146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3863-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy E. Richmond

Mailing Address 503 Willow Hedge Ct

City

Monroeville

State

PA

Zip Code

15146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Clinical Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-3860-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Catherine M. Riley

Mailing Address 1 Sand Dollar Dr

City

Isle Of Palms

State

SC

Zip Code

29451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-53819-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Catherine M. Riley

Mailing Address 1 Sand Dollar Dr

City

Isle Of Palms

State

SC

Zip Code

29451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-2566-11-57

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Catherine M. Riley

Mailing Address 1 Sand Dollar Dr

City

Isle Of Palms

State

SC

Zip Code

29451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2562-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Sherry W. Rodriguez

Mailing Address 292 W Parkwood Rd

City

Decatur

State

GA

Zip Code

30030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56207-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Sherry W. Rodriguez

Mailing Address 292 W Parkwood Rd

City

Decatur

State

GA

Zip Code

30030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4949-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sherry W. Rodriguez

Mailing Address 292 W Parkwood Rd

City	State	Zip Code
Decatur	GA	30030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-4944-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Michael G. Rogers

Mailing Address 131 Abbeywood Drive

City	State	Zip Code
Nashville	TN	37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-59815-15-41

Amount of Each Receipt this Period

15.87

**C.**

Full Name (Last, First, Middle Initial)

Michael G. Rogers

Mailing Address 131 Abbeywood Drive

City	State	Zip Code
Nashville	TN	37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
COOccupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-8557-11-57

Amount of Each Receipt this Period

15.87

SUBTOTAL of Receipts This Page (optional) .....

41.74

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael G. Rogers

Mailing Address 131 Abbeywood Drive

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8536-16-48

Amount of Each Receipt this Period

15.87

**B.**

Full Name (Last, First, Middle Initial)

Karen S. Rohan

Mailing Address PO Box 570

City

North Falmouth

State

MA

Zip Code

02556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

President Grp Dental Vis & Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51423-15-41

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Karen S. Rohan

Mailing Address PO Box 570

City

North Falmouth

State

MA

Zip Code

02556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

President Grp Dental Vis & Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-172-11-57

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.87

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Karen S. Rohan

Mailing Address PO Box 570

City

North Falmouth

State

MA

Zip Code

02556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

President Grp Dental Vis &amp; Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-172-16-48

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Ross

Mailing Address 147 Old Gulph Rd

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-63985-15-41

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Ross

Mailing Address 147 Old Gulph Rd

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-12717-11-57

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional) .....

242.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Ross

Mailing Address 147 Old Gulph Rd

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-12686-16-48

Amount of Each Receipt this Period

96.00

**B.**

Full Name (Last, First, Middle Initial)

Rosanne T. Rosty

Mailing Address Po Box 8365

City

Saddle Brook

State

NJ

Zip Code

07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Learning Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11044-16-48

Amount of Each Receipt this Period

8.85

**C.**

Full Name (Last, First, Middle Initial)

William H. Roth

Mailing Address 91 Northington Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Svp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-69668-15-41

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

154.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William H. Roth

Mailing Address 91 Northington Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Svp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-18362-11-57

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William H. Roth

Mailing Address 91 Northington Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Svp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-18315-16-48

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy F. Ruffino

Mailing Address 815 Millbrook Rd

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Accounting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52511-15-41

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy F. Ruffino

Mailing Address 815 Millbrook Rd

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Accounting Senior Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-1257-11-57

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy F. Ruffino

Mailing Address 815 Millbrook Rd

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Accounting Senior Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-1258-16-48

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jean C. Rush

Mailing Address 73 Cidermill Hts

City

North Granby

State

CT

Zip Code

06060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-51547-15-41

Amount of Each Receipt this Period

19.25

SUBTOTAL of Receipts This Page (optional) .....

39.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jean C. Rush

Mailing Address 73 Cidermill Hts

City

North Granby

State

CT

Zip Code

06060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-296-11-57

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Jean C. Rush

Mailing Address 73 Cidermill Hts

City

North Granby

State

CT

Zip Code

06060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-297-16-48

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

David A. Russell

Mailing Address 48 Winterset Ln

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Actuarial Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53562-15-41

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

48.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David A. Russell

Mailing Address 48 Winterset Ln

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Actuarial Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2308-11-57

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

David A. Russell

Mailing Address 48 Winterset Ln

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Actuarial Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2307-16-48

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas M. Sakorafis

Mailing Address 938 Mcdonald Dr

City

Northville

State

MI

Zip Code

48167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57087-15-41

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas M. Sakorafis

Mailing Address 938 Mcdonald Dr

City

Northville

State

MI

Zip Code

48167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5829-11-57

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas M. Sakorafis

Mailing Address 938 Mcdonald Dr

City

Northville

State

MI

Zip Code

48167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5816-16-48

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Richard B. Salmon

Mailing Address 5 Hawks Rdg

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53590-15-41

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard B. Salmon

Mailing Address 5 Hawks Rdg

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2336-11-57

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Richard B. Salmon

Mailing Address 5 Hawks Rdg

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2335-16-48

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

David N. Sasportas

Mailing Address 125 Wadhams Rd

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51740-15-41

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David N. Sasportas

Mailing Address 125 Wadhams Rd

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-489-11-57

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David N. Sasportas

Mailing Address 125 Wadhams Rd

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-490-16-48

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Sataline

Mailing Address 18 Wyndham Ln

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Senior Managing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-51812-15-41

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Sataline

Mailing Address 18 Wyndham Ln

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-561-11-57

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Sataline

Mailing Address 18 Wyndham Ln

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-562-16-48

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

David A. Savino

Mailing Address 91 Trumbull Ln

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51993-15-41

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David A. Savino

Mailing Address 91 Trumbull Ln

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-741-11-57

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

David A. Savino

Mailing Address 91 Trumbull Ln

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-743-16-48

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

David S. Scheibe

Mailing Address 400 Kings Highway

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Treasury Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-52906-15-41

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

70.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David S. Scheibe

Mailing Address 400 Kings Highway

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Treasury Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1654-11-57

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

David S. Scheibe

Mailing Address 400 Kings Highway

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Treasury Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1653-16-48

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Scott D. Schneider

Mailing Address 34 Burning Tree

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5282-11-57

Amount of Each Receipt this Period

9.50

**SUBTOTAL** of Receipts This Page (optional) .....

49.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott D. Schneider

Mailing Address 34 Burning Tree

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5275-16-48

Amount of Each Receipt this Period

9.50

**B.**

Full Name (Last, First, Middle Initial)

John A. Shaw

Mailing Address 18 Powder Horn Dr

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52341-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

John A. Shaw

Mailing Address 18 Powder Horn Dr

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1088-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

29.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John A. Shaw

Mailing Address 18 Powder Horn Dr

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1090-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

J. Shearer

Mailing Address Po Box 189

City

Auburn

State

NH

Zip Code

03032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Business Comm Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-10878-16-48

Amount of Each Receipt this Period

8.75

**C.**

Full Name (Last, First, Middle Initial)

Richard J. Shube

Mailing Address 1975 E. Belleview Ln.

City

Greenwood Village

State

CO

Zip Code

80121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CGI Sales

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-70944-15-41

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

38.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard J. Shube

Mailing Address 1975 E. Belleview Ln.

City State Zip Code

Greenwood Village

CO

80121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CGI Sales

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-19631-11-57

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Richard J. Shube

Mailing Address 1975 E. Belleview Ln.

City State Zip Code

Greenwood Village

CO

80121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CGI Sales

Occupation

Sales Director-Direct Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-19574-16-48

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Michael D. Slice

Mailing Address 19422 N 73rd Ave

City State Zip Code

Glendale

AZ

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-55893-15-41

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

57.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael D. Slice

Mailing Address 19422 N 73rd Ave

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4637-11-57

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Michael D. Slice

Mailing Address 19422 N 73rd Ave

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-4633-16-48

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

David B. Smith

Mailing Address 6268 Dry Canyon Lane

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-13789-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

48.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David B. Smith

Mailing Address 6268 Dry Canyon Lane

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

App Development Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-13758-16-48

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Smith

Mailing Address 269 Sunnybrook Rd

City

Springfield

State

PA

Zip Code

19064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-60929-15-41

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

William J. Smith

Mailing Address 269 Sunnybrook Rd

City

Springfield

State

PA

Zip Code

19064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-9670-11-57

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William J. Smith

Mailing Address 269 Sunnybrook Rd

City

Springfield

State

PA

Zip Code

19064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Bfo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-9648-16-48

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Irene Sosnowski

Mailing Address 764 N 26th St Fl 2

City

Philadelphia

State

PA

Zip Code

19130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-64482-15-41

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Donald R. Spelhaug

Mailing Address 5710 W Arrowhead Lakes Dr

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-59058-15-41

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

85.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald R. Spelhaug

Mailing Address 5710 W Arrowhead Lakes Dr

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-7801-11-57

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Donald R. Spelhaug

Mailing Address 5710 W Arrowhead Lakes Dr

City

Glendale

State

AZ

Zip Code

85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Family Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-7780-16-48

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth L. Sperling

Mailing Address 660 St. Johns Drive

City

Orange

State

CT

Zip Code

06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Senior Segment

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-67037-15-41

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth L. Sperling

Mailing Address 660 St. Johns Drive

City

Orange

State

CT

Zip Code

06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Senior Segment

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-15749-11-57

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth L. Sperling

Mailing Address 660 St. Johns Drive

City

Orange

State

CT

Zip Code

06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Senior Segment

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-15718-16-48

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Otha T. Spriggs

Mailing Address 235 Ansley Close

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62598-15-41

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Otha T. Spriggs

Mailing Address 235 Ansley Close

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11331-11-57

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Otha T. Spriggs

Mailing Address 235 Ansley Close

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1955.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11306-16-48

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Marjorie G. Stein

Mailing Address 343 Brookway Rd

City

Merion

State

PA

Zip Code

19066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Employee Relations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53711-15-41

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

182.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marjorie G. Stein

Mailing Address 343 Brookway Rd

City

Merion

State

PA

Zip Code

19066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Employee Relations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2457-11-57

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Marjorie G. Stein

Mailing Address 343 Brookway Rd

City

Merion

State

PA

Zip Code

19066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Employee Relations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2456-16-48

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Stepp

Mailing Address 4144 Central Ave

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56470-15-41

Amount of Each Receipt this Period

6.25

**SUBTOTAL** of Receipts This Page (optional) .....

30.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Stepp

Mailing Address 4144 Central Ave

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5213-11-57

Amount of Each Receipt this Period

44.10

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Stepp

Mailing Address 4144 Central Ave

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5207-16-48

Amount of Each Receipt this Period

29.57

**C.**

Full Name (Last, First, Middle Initial)

Cathrin Stickney

Mailing Address 69 W 9th St

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-61075-15-41

Amount of Each Receipt this Period

19.25

**SUBTOTAL** of Receipts This Page (optional) .....

92.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cathrin Stickney

Mailing Address 69 W 9th St

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-9815-11-57

Amount of Each Receipt this Period

19.25

**B.**

Full Name (Last, First, Middle Initial)

Cathrin Stickney

Mailing Address 69 W 9th St

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9793-16-48

Amount of Each Receipt this Period

19.25

**C.**

Full Name (Last, First, Middle Initial)

Mark D. Still

Mailing Address 350 Hillside St

City

Yarmouth

State

ME

Zip Code

04096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51511-15-41

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

48.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark D. Still

Mailing Address 350 Hillside St

City

Yarmouth

State

ME

Zip Code

04096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-260-11-57

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mark D. Still

Mailing Address 350 Hillside St

City

Yarmouth

State

ME

Zip Code

04096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-260-16-48

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Sullivan

Mailing Address 720 Bristol Rd

City

Wilmington

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-63214-15-41

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew Sullivan

Mailing Address 720 Bristol Rd

City

Wilmington

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11948-11-57

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Sullivan

Mailing Address 720 Bristol Rd

City

Wilmington

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11919-16-48

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel M. Sullivan

Mailing Address 108 Governors Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53160-15-41

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel M. Sullivan

Mailing Address 108 Governors Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-1907-11-57

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel M. Sullivan

Mailing Address 108 Governors Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1906-16-48

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory J. Sullivan

Mailing Address 27 Sunny Heights Rd

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-66158-15-41

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory J. Sullivan

Mailing Address 27 Sunny Heights Rd

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-14880-11-57

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory J. Sullivan

Mailing Address 27 Sunny Heights Rd

City

Granby

State

CT

Zip Code

06035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-14849-16-48

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mark S. Swayne

Mailing Address 43 Seminary Rd

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIGNA CORPORATION

Occupation

Marketing Comm Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-1838-16-48

Amount of Each Receipt this Period

8.80

**SUBTOTAL** of Receipts This Page (optional) .....

48.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shelly Swinford

Mailing Address 5 Pinnacle Mountain Rd

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56443-15-41

Amount of Each Receipt this Period

16.35

**B.**

Full Name (Last, First, Middle Initial)

Shelly Swinford

Mailing Address 5 Pinnacle Mountain Rd

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5186-11-57

Amount of Each Receipt this Period

16.35

**C.**

Full Name (Last, First, Middle Initial)

Shelly Swinford

Mailing Address 5 Pinnacle Mountain Rd

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Operations Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5180-16-48

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

49.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jan C. Sykes

Mailing Address Po Box 32414

City

Phoenix

State

AZ

Zip Code

85064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62603-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Jan C. Sykes

Mailing Address Po Box 32414

City

Phoenix

State

AZ

Zip Code

85064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11336-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jan C. Sykes

Mailing Address Po Box 32414

City

Phoenix

State

AZ

Zip Code

85064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11312-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Taghi Tavassoli

Mailing Address 5839 E Sanna St

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57201-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Taghi Tavassoli

Mailing Address 5839 E Sanna St

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5944-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Taghi Tavassoli

Mailing Address 5839 E Sanna St

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA HEALTHCARE OF AZ,  
INC

Occupation  
Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5929-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William A. Taylor

Mailing Address 26 Westmoreland Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52191-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

William A. Taylor

Mailing Address 26 Westmoreland Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-938-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

William A. Taylor

Mailing Address 26 Westmoreland Dr

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Investment Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-940-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeff S. Terrill

Mailing Address 9556 E Cortez St

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-61743-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff S. Terrill

Mailing Address 9556 E Cortez St

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-10482-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff S. Terrill

Mailing Address 9556 E Cortez St

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Rvp Segment Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-10458-16-48

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Thackeray

Mailing Address 1334 Holly Hill Drive

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-51499-15-41

Amount of Each Receipt this Period

6.78

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Thackeray

Mailing Address 1334 Holly Hill Drive

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-248-11-57

Amount of Each Receipt this Period

13.15

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Thackeray

Mailing Address 1334 Holly Hill Drive

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Account Manager-National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-248-16-48

Amount of Each Receipt this Period

13.15

**SUBTOTAL** of Receipts This Page (optional) .....

33.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy M. Thomas

Mailing Address 334 E Orange Dr

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-59354-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy M. Thomas

Mailing Address 334 E Orange Dr

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-8097-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy M. Thomas

Mailing Address 334 E Orange Dr

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Sales Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-8076-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy Tucker

Mailing Address 522 E Commerce St

City

Milford

State

MI

Zip Code

48381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.98

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-57140-15-41

Amount of Each Receipt this Period

6.25

**B.**

Full Name (Last, First, Middle Initial)

Nancy Tucker

Mailing Address 522 E Commerce St

City

Milford

State

MI

Zip Code

48381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.98

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5883-11-57

Amount of Each Receipt this Period

6.25

**C.**

Full Name (Last, First, Middle Initial)

Nancy Tucker

Mailing Address 522 E Commerce St

City

Milford

State

MI

Zip Code

48381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.98

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5870-16-48

Amount of Each Receipt this Period

6.25

**SUBTOTAL** of Receipts This Page (optional) .....

18.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Turgeon

Mailing Address 15 Lyman Rd

City

Bolton

State

CT

Zip Code

06043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-65958-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Turgeon

Mailing Address 15 Lyman Rd

City

Bolton

State

CT

Zip Code

06043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-14682-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Turgeon

Mailing Address 15 Lyman Rd

City

Bolton

State

CT

Zip Code

06043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-14651-16-48

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Amy J. Turkington

Mailing Address 38901 Detroit Road

City

Avon

State

OH

Zip Code

44011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Communications Director I

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56190-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Amy J. Turkington

Mailing Address 38901 Detroit Road

City

Avon

State

OH

Zip Code

44011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Communications Director I

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-4932-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Amy J. Turkington

Mailing Address 38901 Detroit Road

City

Avon

State

OH

Zip Code

44011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Communications Director I

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-4927-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alexander I. Ungerleider

Mailing Address Aimes Point

City

West Haven

State

CT

Zip Code

06516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Segment Marketing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-68273-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Alexander I. Ungerleider

Mailing Address Aimes Point

City

West Haven

State

CT

Zip Code

06516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Segment Marketing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-16980-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Alexander I. Ungerleider

Mailing Address Aimes Point

City

West Haven

State

CT

Zip Code

06516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Segment Marketing Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-16943-16-48

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Katharine L. Wade

Mailing Address Po Box 241

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52111-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Katharine L. Wade

Mailing Address Po Box 241

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-858-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Katharine L. Wade

Mailing Address 3 East Weatogue Strret

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Compliance Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-860-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael T. Wade

Mailing Address 3 E Weatogue St

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-63138-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Michael T. Wade

Mailing Address 3 E Weatogue St

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-11872-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Michael T. Wade

Mailing Address 3 E Weatogue St

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-11843-16-48

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian Wallach

Mailing Address 1409 Vassar St

City

Houston

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.39

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-60955-15-41

Amount of Each Receipt this Period

29.93

**B.**

Full Name (Last, First, Middle Initial)

Brian Wallach

Mailing Address 1409 Vassar St

City

Houston

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.39

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-9695-11-57

Amount of Each Receipt this Period

29.93

**C.**

Full Name (Last, First, Middle Initial)

Brian Wallach

Mailing Address 1409 Vassar St

City

Houston

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.39

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9674-16-48

Amount of Each Receipt this Period

29.93

**SUBTOTAL** of Receipts This Page (optional) .....

89.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph M. Walter

Mailing Address 510 Larkins Bridge Dr

City

Downingtown

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-63159-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph M. Walter

Mailing Address 510 Larkins Bridge Dr

City

Downingtown

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11893-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph M. Walter

Mailing Address 510 Larkins Bridge Dr

City

Downingtown

State

PA

Zip Code

19335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11864-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Wankerl

Mailing Address 514 Mount Vernon Rd

City

Plantsville

State

CT

Zip Code

06479

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-62735-15-41

Amount of Each Receipt this Period

10.10

**B.**

Full Name (Last, First, Middle Initial)

Joseph Wankerl

Mailing Address 514 Mount Vernon Rd

City

Plantsville

State

CT

Zip Code

06479

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-11468-11-57

Amount of Each Receipt this Period

10.10

**C.**

Full Name (Last, First, Middle Initial)

Joseph Wankerl

Mailing Address 514 Mount Vernon Rd

City

Plantsville

State

CT

Zip Code

06479

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-11443-16-48

Amount of Each Receipt this Period

10.10

SUBTOTAL of Receipts This Page (optional) .....

30.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Watson

Mailing Address 215 Elm St

City

Noank

State

CT

Zip Code

06340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-67539-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

John Watson

Mailing Address 215 Elm St

City

Noank

State

CT

Zip Code

06340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-16248-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John Watson

Mailing Address 215 Elm St

City

Noank

State

CT

Zip Code

06340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA CORPORATION

Occupation

Business Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-16215-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott D. Watson

Mailing Address 1813 Shadywood Ct

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.59

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-56924-15-41

Amount of Each Receipt this Period

16.35

**B.**

Full Name (Last, First, Middle Initial)

Scott D. Watson

Mailing Address 1813 Shadywood Ct

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.59

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-5666-11-57

Amount of Each Receipt this Period

16.35

**C.**

Full Name (Last, First, Middle Initial)

Scott D. Watson

Mailing Address 1813 Shadywood Ct

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Senior Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.59

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-5655-16-48

Amount of Each Receipt this Period

16.35

**SUBTOTAL** of Receipts This Page (optional) .....

49.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher J. Whelan

Mailing Address 585 Country Club Rd

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-65865-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher J. Whelan

Mailing Address 585 Country Club Rd

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-14590-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher J. Whelan

Mailing Address 585 Country Club Rd

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-14559-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard M. White

Mailing Address 68 Longwood Dr

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-53558-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Richard M. White

Mailing Address 68 Longwood Dr

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-2304-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Richard M. White

Mailing Address 68 Longwood Dr

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Provider Contracting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-2303-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rebekah C. Whitehouse

Mailing Address 2640 W Tulsa St

City

State

Zip Code

Chandler

AZ

85224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62524-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Rebekah C. Whitehouse

Mailing Address 2640 W Tulsa St

City

State

Zip Code

Chandler

AZ

85224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-11257-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Rebekah C. Whitehouse

Mailing Address 2640 W Tulsa St

City

State

Zip Code

Chandler

AZ

85224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-11233-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Deborah B. Wiacek

Mailing Address 106 High Valley Dr

City

State

Zip Code

Canton

CT

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Alt Inv Senior Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-52097-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Deborah B. Wiacek

Mailing Address 106 High Valley Dr

City

State

Zip Code

Canton

CT

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Alt Inv Senior Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-844-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah B. Wiacek

Mailing Address 106 High Valley Dr

City

State

Zip Code

Canton

CT

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Alt Inv Senior Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-846-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lance Wilkes

Mailing Address 6 Langley Park

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Strategy Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-62051-15-41

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Lance Wilkes

Mailing Address 6 Langley Park

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Strategy Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-10786-11-57

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Lance Wilkes

Mailing Address 21 Arlington Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Strategy Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-10762-16-48

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric Witherspoon

Mailing Address 509 Barrington Rd

City

Signal Mountain

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	8

Transaction ID: 20081015-58055-15-41

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Eric Witherspoon

Mailing Address 509 Barrington Rd

City

Signal Mountain

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	8

Transaction ID: 20081103-6798-11-57

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Eric Witherspoon

Mailing Address 509 Barrington Rd

City

Signal Mountain

State

TN

Zip Code

37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Underwriting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-6779-16-48

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

45.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Martha M. Wood

Mailing Address 1304 Delaware Ave Apt 5

City

Wilmington

State

DE

Zip Code

19806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Business Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54290-15-41

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Martha M. Wood

Mailing Address 1304 Delaware Ave Apt 5

City

Wilmington

State

DE

Zip Code

19806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Business Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3036-11-57

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Martha M. Wood

Mailing Address 1304 Delaware Ave Apt 5

City

Wilmington

State

DE

Zip Code

19806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Business Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-3032-16-48

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bu Yang

Mailing Address 121 High Wood Dr

City

South Glastonbury

State

CT

Zip Code

06073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Architecture Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-61703-15-41

Amount of Each Receipt this Period

21.15

**B.**

Full Name (Last, First, Middle Initial)

Bu Yang

Mailing Address 121 High Wood Dr

City

South Glastonbury

State

CT

Zip Code

06073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Architecture Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-10442-11-57

Amount of Each Receipt this Period

21.15

**C.**

Full Name (Last, First, Middle Initial)

Bu Yang

Mailing Address 121 High Wood Dr

City

South Glastonbury

State

CT

Zip Code

06073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT GENERAL LIFE INSURANCE  
CO

Occupation

Architecture Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-10418-16-48

Amount of Each Receipt this Period

21.15

**SUBTOTAL** of Receipts This Page (optional) .....

63.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Youell

Mailing Address 21 Blood Rd

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT GENERAL LIFE INSURANCE  
CO

Occupation

Financial Analysis Senior Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-9821-16-48

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

John Young

Mailing Address 18420 29th Avenue North

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Middle Market Sales

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-68277-15-41

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

John Young

Mailing Address 18420 29th Avenue North

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Middle Market Sales

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-16984-11-57

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

49.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Young

Mailing Address 18420 29th Avenue North

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHC Middle Market Sales

Occupation

Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: 20081114-16947-16-48

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Young

Mailing Address 5 Frost Rd

City

Cinnaminson

State

NJ

Zip Code

08077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081015-54920-15-41

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J. Young

Mailing Address 5 Frost Rd

City

Cinnaminson

State

NJ

Zip Code

08077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: 20081103-3667-11-57

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 250

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J. Young

Mailing Address 5 Frost Rd

City

Cinnaminson

State

NJ

Zip Code

08077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE INS. CO. OF NORTH AM-  
ERICA

Occupation

Underwriting Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Transaction ID: 20081114-3664-16-48

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

10.00

TOTAL This Period (last page this line number only) .....

16709.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 248 / 250

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chambliss for Senate

Mailing Address PO Box 12469

City  
AtlantaState  
GAZip Code  
30355Purpose of Disbursement  
2008 General Run-OffCandidate Name  
C. Saxby Chambliss011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff

State: GA District:

Transaction ID: cc292d16f9836c2e587

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
2008 Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Transaction ID: 4a82921eb9c1f118969

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Judd Gregg Committee

Mailing Address PO Box 1812

City  
ConcordState  
NHZip Code  
03302Purpose of Disbursement  
2010 PrimaryCandidate Name  
Judd Gregg011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District:

Transaction ID: 0b168b7a587902c39b4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 249 / 250

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Murtha for Congress Committee

Mailing Address Suite 120 551 Main Street

City  
JohnstownState  
PAZip Code  
15901Purpose of Disbursement  
2008 GeneralCandidate Name  
John P. Murtha011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: f29dfa230d40c757135

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

People for English

Mailing Address PO Box 1940

City  
ErieState  
PAZip Code  
16507Purpose of Disbursement  
2008 GeneralCandidate Name  
Phil English011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 237e035bd07103e3483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

15500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 250 / 250

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Coleman for Senate Recount Fund

Mailing Address 680 Transfer Rd, Ste A

City State Zip Code  
St. Paul MN 55114Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: f1bad7a0b522278df69

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 1 2 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Mike Gerber

Mailing Address Post Office Box 208

City State Zip Code  
Ambler PA 19002Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 0474a87c7ddb6f64dab

Date of Disbursement

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

5500.00